

Norridge Police Department
Accident Review Board

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		

Review Date: June 30, 2017

M/V Crash Incident Number: 2017-07207

Officer: Officer Anthony Beckman #16

Squad: #526

1. Classification I
 - a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
 - b. The employee was legally parked or standing.
 - c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
 - d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.
2. Classification II
 - a. The employee failed to exercise reasonable and due care.
 - b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
 - c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2a.



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Anthony Beckman

Star #: 16

Date: July 7, 2017

TYPE OF VIOLATION

Attendance	Carelessness	Insubordination	Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash	Missing a Court Date

Date of Violation: June 28, 2017

Time of Violation: 0541

DESCRIPTION OF VIOLATION:

Officer Beckman while switching a vehicle at the Montrose Ottawa Garage did strike the brick wall while pulling the vehicle out. The vehicle (Unit 526) was damaged along the right rear door. The Accident Review committee subsequently found the crash to be classified as 2a. in the Safety Review Board Policy A-22. The employee failed to exercise reasonable and due care.

OFFICER'S STATEMENT:

ABP I agree with the above description I disagree with the above description

My reason is: _____

Officer's Signature

Star #

Date

ACTION TAKEN		DATE	SUPERVISOR NAME & STAR
	Verbal Warning		
X	Written Warning	07/07/17	NICHOLAS RICE #202
	Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

A second Classification 2a violation within the next 24 months will result in a 2 day suspension without pay.

I have read and understand this warning;

AB #16
Officer's Signature / Star#

07/14/17
Date

Supervisor Issuing Warning:

N.R. #202
Supervisor's Signature / Star #

07/14/17
Date

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC PEDV TRFD TRFC WEAT DRVA VIS VEHG LGHT COLL MANV PPA PPL

POLICE

U140431175

INVESTIGATING AGENCY NORRIDGE	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY 4348	\$500 OR LESS \$501 - \$1,500 OVER \$1,500	TYPE OF REPORT ON SCENE NOT ON SCENE (DESK REPORT) AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. 17 07207	TRFW 13		
ADDRESS NO. 4348	HIGHWAY or STREET NAME N. OTTAWA	City NORRIDGE	Township COOK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 06/28/17 mo day yr 5:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME 5:41 AM	LARS CODE	VEHT U1
(CIRCLE) FT / MI (CIRCLE) N E S W	PRIVATE PROPERTY (NAME OF INTERSECTION OR ROAD FEATURE) COOK	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	LARS CODE	U2			
AT INTERSECTION WITH								

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)	FRONT	Y N	NO. LANES
(LAST, FIRST, MI) BECKMAN, ANTHONY	MM DD YY	FORD	CROWN VICTORIA	11	00 - NONE	8 1 2	10	0
STREET ADDRESS 4020 N. OL COTT	SEX MALE	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	7 9 3	10	0
ZIP 60706	ZIP 60706	MP 7111	IL	-	11 - TOTAL (ALL AREAS)	6 5 4	10	0
STATE IL	INJURY 0	VIN	12 - OTHER			REAR	EXCEED SPEED LIMIT	RSUR
TELEPHONE 408 453 4770	DRIVER LICENSE NO.	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, MI)	99 - UNKNOWN	03	COM VEH	* IF YES SEE SIDEBAR
EMS AGENCY		VILLAGE OF NORRIDGE			INSURANCE CO.	ALLIANT - WESTRAIL INS.		
TAKEN TO		OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE	POLICY NO.		

TAKEN TO						EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.	
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(E/GT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		
		/ /						(H/S)		(EMS)
		/ /								
		/ /								
		/ /								
		/ /								
		/ /								

UNIT 1	(E/NO)	(MST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME			DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT
1	1	1	1								PRIMARY 18		
2	□				PROPERTY OWNER ADDRESS			CITY	STATE	ZIP	SECONDARY		
3	□				ARREST NAME			SECTION	CITATION NO.				
1	□	...			ARREST NAME			SECTION	CITATION NO.		DATE POLICE NOTIFIED 06/28/77 mo / day / yr		TIME NOTIFIED 5:44 AM 12 PM
2	□				OFFICER ID. 108	SIGNATURE		BEAT / DIST.	SUPERVISOR ID. Cndr. Wm. J. H. #403		COURT DATE mo / day / yr		COURT TIME : : AM : : PM
3	□												

REMEMBER TO USE BLACK INK. PRESS HARD. PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS

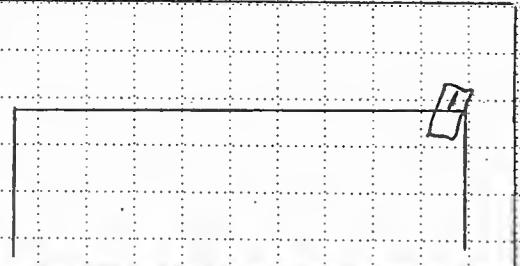
U140431175

A Diagram and Narrative are required on all **Type B** crashes,
even if units have been moved prior to the officer's arrival.



INDICATE NORTH
BY ARROW

MONTROSE



NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS N/B EXITING A GARAGE AT 4348 N. OTTAWA. REAR PASSENGER SIDE DOOR OF UNIT 1 STRUCK THE GARAGE CAUSING SCRATCHES TO UNIT 1. GARAGE SUFFERED NO DAMAGE.

LOCAL USE ONLY

U1 Color **BLK** U2 Color **N/A**
U1 Towed by **to** U2 Towed by **to**

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNK

Did HAZMAT Regulations violation contribute to the crash? Y N UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____

LOAD TYPE _____